Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR	Attorney Docket Number		718076.1	
DESIGN	First Named Inventor		Vollmar, Jr., Lewis C.	
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	Not yet known		
Declaration Submitted OR With Initial Filing Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date	Herewith		
	Group Art Unit	Not yet known		
required)	Examiner Name	Not yet known		
		<u> </u>		

As a below named inventor,								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND APPARATUS FOR RECORDING HITS WHILE SPARRING								
(Title of the Invention)								
the specification of which								
is attached hereto								
OR		as Uni	ted States Applica	tion Number or PC	T International			
was filed on (MM/DD/YY)			(i	if applicable).			
Application Number		and was amended on (MM/DD/YY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.								
I acknowledge the duty to disc	close information w	hich is material to patentabili	ty as defined in 3	7 CFR 1.56, inclu	ding for			
continuation-in-part application				ng date of the pric	r application			
and the national or PCT intern				liantian(a) fan mat	ont on inventor?			
I hereby claim foreign priority certificate, or 365(a) of any PC								
America, listed below and have	e also identified be	low, by checking the box, an	y foreign applicat	ion for patent or i	nventor's			
certificate, or any PCT interna	tional application h	aving a filing date before tha	t of the application					
Prior Foreign Application		Foreign Filing Date	Priority		py Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not claimed	YES	NO			
			<u> </u>					
Additional foreign applicat	ion numbers are lis	I ted on a supplemental priorit	v data sheet PTO	SR/02R attached	hereto:			
I hereby claim the benefit under					nereto.			
Application Number		Filing Date (MM/DD/Y)		y nated below.				
60/319,983	.1 (3)	02/28/2003		Additional provisi				
			-	umbers are listed upplemental prior	*			
				TO/SB/02B attac				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

	stomer Number Bar Code Label	27120		OR 🔲 (Correspondence address below		
Name Kevin M. Kercher							
Address Blackwell Sanders Peper Martin LLP							
Address 720 Olive Street, Suite 2400							
City St. Louis			State Mi	cconri	ZIP 63101		
*	70.						
Country US	Tel	ephone 31	4-345-600)0 [Fax 314-345-6060		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVEN	NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Lewis C.				Family Name Or Surname Vollmar, Jr.			
Inventor's Signature Jewin (Vollaum, Am) Date Date							
Residence City: Kirkwood	Residence City: Kirkwood		мо с	Country US	Citizenship US		
Mailing Address 540 East Adams Avenue							
Mailing Address							
			ZIP 63122				
City Kirkwood	State MO		ZIF	63122	Country US		
	State MO				Country US for this unsigned inventor		
City Kirkwood NAME OF SECOND INVENTOR: Given Name (first and middle [if any])	State MO			n has been filed			
NAME OF SECOND INVENTOR: Given Name	State MO		A petitio	n has been filed			
NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Inventor's	State MO	State	A petitio Family I Or Surn	n has been filed	for this unsigned inventor		
NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Inventor's Signature	State MO		A petitio Family I Or Surn	n has been filed Name ame	for this unsigned inventor Date		
NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Residence City:	State MO		A petitio Family I Or Surn	n has been filed Name ame	for this unsigned inventor Date		
NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Inventor's Signature Residence City: Mailing Address	State MO		A petitio Family I Or Surn	n has been filed Name Iame	for this unsigned inventor Date		